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# BOSTON MEDICAL AND SURGICAL JOURNAL.

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### TYPHOID FEVER, WITH PROBABLE PERFORATION OF THE INTESTINE, AND RECOVERY.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY EDWARD H. CLARKE, M.D.

THE following case presents several points of interest which may not be altogether unworthy of the consideration of the Society.

Mr. —, an American, unmarried, æt. about 51, residing in Boston, and of good general health, was attacked with the first symptoms of what proved to be typhoid fever, on Nov. 13th, 1856. Twenty-five years previously, his right thigh had been amputated, on account of what I suppose, from description, to have been a scrofulous affection of the knee-joint. Previous to this amputation, his general health was poor. It has since been good. His habits are regular and excellent; his occupation sedentary.

The fever was apparently of a mild type. For the first ten days, he had slight but continual headache. During the same period, he had some mild delirium at night, though not by day. For a fortnight his bowels were loose; he averaged two or three dejections daily. His tongue was coated white, but never dark, and there was no sordes upon his teeth. His pulse ranged between 80 and 90, and did not exceed the latter number during the first few weeks of his illness. He had a hot and dry skin; slight tenderness on pressure over the abdomen; and an occasional mild cough, with mucous expectoration. No rales were heard on auscultation. There was no meteorism. He had no appetite, and his thirst was moderate. Rose spots appeared on the abdomen during the second and third week of his illness, to the number of a dozen or more.

Towards the close of the third week, his diarrhoea ceased; his headache departed; his tongue began to clean, and his appetite to improve. For two or three nights he had copious perspiration, like what has been called "critical sweating," and his skin afterward was naturally moist and cool. At this time, he began to eat broth,

beef-tea, and toast, but took no heartier food. By Dec. 11th, twenty-eight days from the commencement of the fever, he was able to walk from one chamber to another, and to sit in his library for half a day at a time. He even got well enough to take a drive of half an hour, at least once, and perhaps twice, when the weather was favorable. He appeared to be convalescent, and yet his convalescence did not progress rapidly. His tongue, which began to clean, never cleaned thoroughly. His pulse did not fall below 75. His appetite improved up to a certain point; that is, he relished juice of meat, and broth and bread and gruel, but did not care for heartier food, or for any great amount of it. After the diarrhœa ceased, his bowels were opened as often as twice in three days, part of the time naturally, and part of the time by the aid of a Rochelle powder. His sleep was good and refreshing. His urine appeared normal in quantity and color. The functions of his system seemed to be well performed, and yet he did not improve, from day to day, as much as, judging from his symptoms, he had a right to do.

From Dec. 11th to Dec. 17th, I only saw my patient every other day. As there were no prominent indications for the exhibition of drugs, I only insisted upon a careful regimen, and I have every reason to believe that my directions were implicitly followed. From Dec. 17th to Dec. 22d, he did not appear to be so well as he had been. There was no marked change in his symptoms, but there appeared to be something which kept him down; something which prevented him from convalescing as usual. What that something was, I could not ascertain. Indeed, I was not quite sure that he was not doing well. The aspect of his countenance; the absence of a vigorous appetite, such as convalescents from fever are apt to have; the refusal of his tongue to clean; the disinclination of his pulse to diminish to the natural number of pulsations; and a general sensation of uneasiness, which could not be well described; these symptoms made me suspect that he was not really convalescent. This was seven weeks from the beginning of the fever, and as much as three weeks from the time I hoped convalescence had begun.

On Dec. 22d, he made a somewhat heartier dinner than usual of broth and bread. Not feeling well in the evening, he took no supper. He passed a comfortable night; got up the next morning, and ate a frugal breakfast of bread and gruel, but did not leave his chamber. About 10, A.M., he was suddenly seized with intense, agonizing pain in the bowels, accompanied with chills, nausea, and extreme prostration. Half an hour later, I found him lying on his back, with the pain unabated. He had vomited, and his bowels had been moved once. His forehead and chest were bathed in cold perspiration. His pulse was about 100, small and feeble. His countenance was pale and sunken, and his expression that of

great agony. He referred the pain to a single spot in his bowels, not larger than the palm of the hand, situated on a line drawn from the lower end of the sternum to the anterior superior process of the right ilium, and quite near the ilium. There was tenderness at that point, but I did not care to press firmly upon it. When I arrived, the patient thought himself to be dying.

Fearing perforation of the intestines had taken place, an unfavorable prognosis was given to the family. Mr. — was directed to keep perfectly quiet. Warm opiate fomentations were applied to his bowels, and he was placed under the influence of sulphate of morphia. In an hour or two there was some abatement of the pain. After four or five hours, he was a little easier, though by no means free from distress.

For the ensuing four weeks, there was persistent pain or uneasiness in the spot already indicated. Firm pressure upon it, during the same period, always gave rise to pain. He also suffered from constant and sometimes severe pain in his back, at a point nearly opposite the spot of abdominal tenderness. This pain of the back and bowels was not relieved, or increased, by any change of posture, or motion of the body or limbs. The coat on his tongue gradually increased in thickness; in color it remained nearly white, except in the centre, where it was dark. His pulse averaged 100, and was feeble. He had very little thirst, and absolutely no appetite. He had no cough, but frequently expectorated a thick, viscid secretion, which often contained some dark blood. This, he insisted, came from the neighborhood of his throat. A repeated examination of his chest detected nothing abnormal in respiration or on percussion. There was nothing noticeable in his urine.

For six days after the attack of pain, just described, his bowels were not moved. An enema was then given, and afterward a dejection was procured every second day by enema. The first dejection was loose, moderate in quantity, and contained a few isolated drops of blood. This appearance was repeated in every dejection for two or three weeks. A careful inspection of the dejections, showed each drop of blood to rest upon, or to be enclosed within a small mass, rather larger in size than a pea, of pus or purulent matter. After a few days, this purulent deposit was accompanied with a viscid, gelatinous-looking substance, which was mixed in small quantities with the fæces. This substance resembled, somewhat, the jelly-like matter, which occurs in the dejections of convalescents from dysentery. Occasionally, there were mingled with the fæces strings or shreds of a tenacious, white matter, resembling lymph. Some of these lymph-like strings were six or eight inches long; generally, however, they were not more than half that length. These various abnormal substances gradually disappeared from his dejections. By the end of the fourth week

from the attack of pain, already referred to, none of them were seen. They did not re-appear. His dejections occurred *without tenesmus, pain or distress*.

On the 25th of January, 1857, five weeks after the attack of intestinal pain, and ten and a half weeks from the commencement of the fever, a week had elapsed without any bloody, purulent or lymph-like substances appearing in his dejections. The coat on his tongue was thinner, though it had not disappeared; the dark, central patch had nearly gone. The purulent expectoration had likewise greatly diminished. His pulse was about 90. He had no thirst, and was beginning to feel a slight desire for food. At this time, quite firm pressure on the spot of abdominal tenderness produced only a little soreness or shrinking. Now and then, the soreness seemed to be altogether absent. Under these circumstances, he was allowed, for the first time, for five weeks, a little beef-tea; perhaps two or three ounces. At first, he seemed to bear it well; it was followed by no discomfort. But after taking it three or four times, and at intervals of several hours, he was suddenly seized with pain in the abdomen, in the same spot as before. The attack was accompanied with nausea, vomiting and prostration, and was followed by a dejection. It resembled the first attack, but was much less severe. It passed off in two or three hours, and by the next day he appeared as well as on the preceding one. The rigid diet, which had been previously followed, was resumed. From that time, with only a single interruption, which will be mentioned presently, he continued to convalesce slowly and steadily.

By the middle of February, he was able to take two or three ounces of beef-tea or broth without distress. By the last week in February, all tenderness on pressure in his bowels disappeared. The pain in his back disappeared, *pari passu*, with the abdominal tenderness. At this time his appetite was good. His tongue was clean. His pulse ranged from 68 to 75. He slept well and began to gain flesh. He lacked strength, however, and was easily fatigued.

Two weeks after the second attack of pain, *i. e.*, during the first week in February, an attempt was made to increase his diet. The experiment was followed, in about twelve hours, by a third attack of pain in the abdomen, with vomiting and a dejection. The attack was milder even than the second one. It commenced about 3, A.M., and was relieved by 7 or 8, A.M., of the same day. Three or four hours after vomiting, the skin of his face and body, his conjunctivæ, &c., became quite yellow. His urine, which had been clear, turned to a dark, mahogany color, and on the next day his fæces were white or clay-colored. There was no tenderness or pain in the hepatic region. A few grains of blue pill were given every other night, followed by a cathartic. In a week, the yellow tinge of his skin nearly disappeared. His urine lost its dark color



and his fæces acquired a more healthy appearance; but full three weeks elapsed, before the latter became normal. During this biliary derangement, there was no headache or febrile excitement. His appetite, which had been gaining, flagged a little. In other respects, there was no marked constitutional disturbance.

On the 16th of March, more than four months from the beginning of the fever, and nearly three months from the first attack of abdominal pain, he was able to walk a short distance in the open air. His appetite was sufficient. He could eat plain food and digest it without pain. He seemed to have recovered permanently.\*

The treatment can be briefly told. At the commencement of the fever, he took grs. x. of the pil. cathartic. comp., which was followed by three or four dejections. For the two weeks succeeding, he took, every four hours, a fluid drachm of a mixture of equal parts of sp. ætheris nit. and liquor ammon. acet., with a diet of water and gruel. The surface of the body was bathed daily, as long as it was abnormally hot. No cathartics were administered after the first few days of his illness, till he became jaundiced. When the fever left him, he took broth, beef-tea and bread, but no meat. When the first attack of abdominal pain occurred, he was ordered sulphate of morphia and anodyne fomentations. Morphia was exhibited till the pain was controlled. He then took a few grains of Dover's powder daily for three weeks. His bowels were not moved till the sixth day after the attack; then a dejection was procured by enema. From that time till the biliary derangement appeared, a dejection was obtained every second day in the same way. When that came on, he took blue pill as already stated. After the first attack of pain, he was put upon a diet of flour-gruel and cream, in the proportion of one part of the latter to three of the former. Of this, he took, at first, an ounce and a half every three hours daily. The quantity was gradually increased, and at the end of four weeks he took from sixteen to twenty ounces daily. He ate no other food. His drink was water. When four or five weeks had elapsed, beef-tea was added to his diet. The increase of food was followed by the second attack of pain. He was then confined to cream and gruel for three weeks longer. At the close of this period he took beef-tea without discomfort. But an attempt to increase his limited allowance of animal food was followed by a third attack of pain and also of jaundice.

After adhering to a restricted diet for a few weeks longer, he was able to take a reasonable amount of ordinary food, without subsequent distress. At one time he took ten drops of the oil of turpentine, three times a day, but as no advantage seemed to follow its exhibition, it was soon discontinued. In like manner, sulphate of quinia was tried and laid aside. A drachm of the com-

\* Since that time, he has resumed his business and has enjoyed his usual health. August, 1857.

pound spirits of lavender, or two or three times that quantity of sherry wine, were occasionally given to relieve gastric uneasiness. Other than the above, no drugs were given. Regarding the cause of the patient's condition to be ulceration of Peyer's patches, the resolution of which could not be materially hastened by drugs, it was not thought worth while to experiment with them.

*Remarks.*—It is not easy to determine the nature of the lesion, which produced the attack of intense abdominal pain on Dec. 23d. The weight of evidence appears to me to be more in favor of a perforation of the small intestines, which fortunately healed, than of the passage of a gall-stone or of an ulcerative affection of the intestines, short of perforation. The symptoms are such as usually attend perforation. Grisolle, when describing this accident, says, "as soon as it occurs, the patient experiences a sudden pain, often severe enough to make him cry out. It begins at the point where perforation has taken place, and spreads throughout the whole abdomen. \*\*\*\*\* Pressure increases it, exceedingly. It is accompanied with chills, general coldness of the body, a profound alteration in the expression of the countenance, vomiting, and a very frequent, small and feeble pulse."—(*Pathologie Interne*, Tome I., p. 41.) This description of the symptoms, attendant upon perforation, tallies very closely with the condition of my patient, at the time referred to. Dr. Wood, in his *Practice of Medicine*, states that perforation in typhoid fever has been noticed as early as the twelfth, and as late as the fortieth day of the fever. In this case, the suspected perforation occurred on the fortieth day.

The sudden and violent access of pain; the limited and persistent tenderness, on pressure, at the point where pain was first and most severely felt; the protracted character of the convalescence; the inability, for weeks, to digest, without disturbance, any food but that of the blandest character; and the purulent appearance of the dejections; all these symptoms seem to be more satisfactorily explained by supposing ulceration of Peyer's patches to exist, and perforation followed by cicatrization to have taken place, than by any other hypothesis.

#### DEATH OF CHARLOTTE BRONTË.

[Communicated for the Boston Medical and Surgical Journal.]

THE death of Charlotte Brontë is the saddest fact in a life whose key-note was sorrow, and whose melancholy music filled the very atmosphere in which she lived, and moved, and had her being. She may almost be said to have been baptized in the dark waters of death. Her mother died when she was about five years of age, and, in quick succession, four sisters and her only brother.

It was not a common family, that of Charlotte Brontë. Two of

her sisters died young, but lived long enough to indicate that they would have left their mark on their times. The two elder sisters gave the same evidence of their power in written works. Her brother had large intellectual endowment and culture, but worse than wasted all that might have greatly distinguished him. We do not design in this notice of one whose life has been so admirably written by Mrs. Gaskell, and which all readers have read, to review this work. And yet it may not be out of place to say that it is a record of a remarkable person, who in the midst and pressure of severe trial, never failed in-duty to herself, and to all to whose well-being she could in any way contribute. She was small, delicate in person—apparently incapable of effort. Yet she meets, or makes occasion for intellectual, moral and physical action, which in its detail astonishes us by its rarity, and still more by its success. She writes with startling strength—brings before you men and women, her own creations, and reveals what is in them, both in their word or work, in language and act which leaves little ground for question. She goes to a foreign country, of different language from her own—goes alone, by the guidance of the same instinct which always accompanies a true object, and accomplishes all she attempts. She writes, and while her manuscripts are gathering dust on the publisher's shelves, she writes on, nothing daunted, and at length comes forth as an author, and declares, anonymously, her gigantic power. "Who wrote *Jane Eyre*?" is the question. "Not a man," says one, "for a man would not"—"Not a woman," says another, "for a woman could not."

Pardon us, that we have for a moment deviated from our purpose—to speak of the death of Charlotte Brontë. We could not but say a word of a life so sad as was hers, and for the reason that in an event which was to her an unmixed felicity, she found death. Sadly, in deep sadness, do we ask, was it not a fitting coronation of such a genius, and such a life?

Charlotte Brontë married late in life. Her father opposed her marriage, and the daughter could not marry the man she so deeply loved, as her marriage must separate her from her father, now more than eighty years of age, and with no living creature of his house, but her, left. At last, her father's consent is given and she is married. This was an event in Haworth. Every body came to the wedding. Charlotte had been the friend of all the poor. She would traverse, in snow and rain, the wild moors of her home, to carry something for the sick child or parent, or to do something for them. Every body knew her, and every body loved her. Says Mrs. Gaskell, "many old and humble friends were there, seeing her look like a snow-drop." Her bridal dress, after a few months, became her shroud.

She became pregnant, and soon after experienced the ordinary symptoms of that state, but which rapidly became morbidly severe.

Nausea, vomiting and faintness; and fainting, at first frequent, became, at length, constant. The sight of food was sufficient to produce them all in most distressing forms. Said one, "a wren would have starved on what she ate during those last six weeks." A physician was called. "He came, and assigned a natural cause for her miserable indisposition; a little patience, and all would go right."

From the record, nothing more seems to have been said or done in this case. We copy the following from Mrs. Gaskill, because of its professional interest, and as showing something of the sufferer's state in the last moments of her life.

"Long days and longer nights went by; still the same relentless nausea and faintness, and still borne on in patient trust. About the third week in March (it was early in the new year, 1855, that the symptoms first appeared), there was a change; a low, wandering delirium came on; and in it, she begged constantly for food, and even for stimulants. She swallowed eagerly now; but it was too late. Wakening, for an instant, from this stupor of intelligence, she saw her husband's woe-worn face, and caught the sound of some murmured words of prayer that God would spare her. 'Oh!' she whispered forth, 'I am not going to die, am I? He will not separate us, we have been so happy.'"

She died Saturday morning, March 31st.

It is of the professional relations of our subject—the treatment of the signs of pregnancy when morbidly aggravated, that we would now speak. Was the *cause*, the *motivé cause* of those symptoms which produced death in Charlotte Brontë, removed? This question is of great interest. Nearly half a century ago, it was our privilege to attend the midwifery lectures of Dr. John Haighton, in London; and a better lecturer than Haighton, is not in our memory. He discussed this question of removing the *cause* of those symptoms, and showed conclusively that in cases in which other means had failed, and the worst consequences were to be looked for, it was the duty of the physician to remove the *cause*, viz., *to remove the fœtus from the womb*. Haighton related his experience, and dwelt on the opposition he had met with in consultations, to such measures as he knew could alone save life. More recently we have spoken with eminent men abroad, on this subject, and have met with objections to the practice; or, when it has been allowed to be proper, it has been after so much evil has been done that there has hardly been any reason to look for success from it.

We have felt it our duty to resort to the measure under consideration, and in every case recovery has been rapid and complete. We have known death to happen when the measure has been rejected by patient or friends, and where all other means have been faithfully used. In one case it was clear that death must occur,

if things remained as they were, but in which the mother of the patient would not consent to the measure, unless the physicians who advised it would in the first place guarantee its success. The attending physician would not do this; and soon after our consultation we heard of the patient's death.

In another instance, the lady lived in a distant State. She was a clergyman's wife, and of the Church of England. She was reduced by nausea and vomiting to excessive weakness, and absolutely could keep nothing on her stomach. It was between the second and third month of pregnancy. The fœtus was removed, and, in twenty-four hours after, we found her heartily eating solid food, and she was soon well. The operation was performed on the same patient a second time under the same circumstances, and with the same result. Let it be remembered that this practice was not attempted until full trial had been made of the most approved methods of treatment, and after the best evidence that the disease was rapidly increasing. In another lady it was not until convulsive movements had occurred in the universal exhaustion, that the measure was adopted. This patient recovered, and this was a second trial of it in the same patient.

We dwell on these cases, because a grave moral question is involved in our subject; and to say that it is only in those cases in which life is clearly in jeopardy, that any physician who deserves the name, would for a moment entertain the question we are considering. It is then as a *remedy*; and only to be used under what we believe are really desperate circumstances.

Whether the cause was removed in Charlotte Brontë's case, or whether she died of pregnancy, we know not. We know not what was the limit of that "little patience, when all would go right." But as the disease continued unrelieved till death, may it not be asked if the *cause* of that disease did not remain undisturbed till it became the cause of death? The question is put, because in no like case which has come under our care, however unpromising, has death occurred after the removal of the contents of the womb.

The Rectory at Haworth is now desolate. Its venerable head, in his extreme age, stands erect and alone, literally in the midst of the graves of all his house; and before him, in his church, is the simple tablet on which are recorded the names, the ages and the death, of his wife and of all his children. WALTER CHANNING.

#### FOUR CASES OF MALFORMED FŒTUS.

BY SAMUEL KNEELAND, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I reported in the Boston Medical and Surgical Journal, in February last, a case of "*Spina Bifida*," with *malformation of the genitals*, which occurred in the practice of a

medical brother on Lake Superior. I have now to report the occurrence of three other cases of fœtal malformation occurring since that time in the practice of the same physician (Dr. M. Tompkins, of Houghton, Michigan). Apart from the interest of the cases, they are of value as furnishing additional grounds for the belief that the maternal imagination can be so worked upon as to cause an arrest of development in the fœtus. The circumstances of the case reported by me in February last, though every attempt was made to conceal them, got to the ears of the gossips in the small location, and were talked and brooded over by the pregnant females with great interest and not a little alarm. Whether in consequence of this or not, three women, within a stone's throw of each other, brought forth children malformed very much in the way of the one which had happened six months before. When such cases occur in females who have previously borne healthy and perfect children, on the same small mining location, and after such a startling event has happened in the commencement of their pregnancy, it is natural to believe that the three here reported, all in the same month, were influenced by the first imperfectly-known, much-talked-of, and much-dreaded malformation.

CASE I.—Mrs. S., a healthy, middle-aged Cornish woman, the mother of several healthy children, was delivered, without assistance, of a dead child on the night of June 4th, 1857. The husband stated to the physician that the child was born before he left the house to summon him, and could only say that something was wrong. On arriving, he found a dead female child, lying with its head toward the feet of the mother. It was of full size, and well developed in all parts except the head. The bones were here deficient; the occipital bone was entirely wanting, as well as the posterior portion of the upper cervical vertebræ; also nearly all the parietal and a portion of the temporal bones. The skin covering the head presented the usual anatomical characters to within an inch of the bony margin, being slightly covered with hair; from this it had the appearance of being rapidly thinned, and drawn out to an extreme tenuity and semi-transparency. This covering imperfectly protected a mass somewhat larger than a child's head at term, consisting of cerebral matter much darker than usual, and water; the convolutions of the brain were visible under this attenuated covering.

Although solicited, no examination could be obtained.

CASE II.—Mrs. F., an Indian half-breed, the mother of two children, and the subject of several abortions, had been subject to attacks of uterine hæmorrhage during her present pregnancy. The bleeding recurred on the 20th and 21st of June, 1857, not severe, and accompanied with feeble uterine pains. On the evening of the 21st, the physician was called by the husband, who said his wife was dying; he found the os uteri well dilated, and the head

of the fœtus passing through it; the bleeding had ceased, and the alarm had been caused by the sudden accession of severe uterine pains. In half an hour she was delivered of a dead female child. The abdomen was large and pendulous, and filled with fluid. The posterior portion of the head hung like a tumor growing from the cranium, which, before its immersion in alcohol, reached a little below the upper margin of the scapula, between the shoulders.

This specimen has been preserved, and will soon be seen in Boston.

CASE III.—Mrs. B., a stout Cornish woman, the mother of four healthy children, had been troubled with diarrhœa most of the time during the last three months of her pregnancy. Dr. T. was called on June 28th, 1857, and found a midwife in attendance. The extremities and body of the child had passed, but the head was engaged in the pelvis; the child, a male, was lying on its abdomen, cold and presenting no signs of life; it had been in this position about an hour. This was all that could be learned of the attendants as to the character of the presentation. Slight traction disengaged the head. This was fourteen inches in circumference, and was greatly distended with fluid; three fingers could be placed side by side in nearly all the sutures. The child also had "spina bifida," extending over all the lumbar and two thirds of the dorsal vertebræ; the cleft was covered by a delicate transparent membrane, lying close and smooth over the spinal cord; it contained no fluid. The cord was much darker than natural, and presented a striated appearance, of irregular lengths, as of straws lying on its surface. The fissure was widest in the middle, gradually tapering to a point at each extremity; the bony margins could be distinctly traced with the finger the whole length of the cleft.

On inquiry, nothing could be ascertained as to any probable cause during gestation, in these three cases, which could have affected the fœtus through the maternal imagination, other than the knowledge of the unfortunate event in the first case, reported last winter.

CASE IV.—Mrs. S., æt. 35, had been subject to repeated abortions, designedly produced; she resided in the State of Ohio. On the 20th of June, 1851, Dr. T. was called to visit this woman; he found her sitting in a chair, this being the position she preferred for confinement. She supposed she was in the fourth month of pregnancy. Labor pains were active, the os uteri well dilated, and the vagina filled in part by a substance of the consistence of the liver. In half an hour was expelled a fœtus of about five months, well formed with the exception of the head. The cranial bones were nearly all wanting; the bony margin could be well defined by a line drawn around the head over the frontal sinuses, close to the external meatus, and continuing around the posterior



margin of the upper cervical vertebræ. The skin was drawn tightly across from one margin to the other. From this protruded a mass of dark-colored cerebral substance, covered by its usual investing membranes.

Mrs. S. said she knew something must be wrong, as, during the first month of pregnancy, she witnessed the dressing of a wound on the head of a child, in which a portion of the integument hung down on its neck. Whether the arrest of development was in any way dependent on this as a cause, or was influenced by her previous abortions, is a question it would be difficult to decide.

August, 1857.

### Bibliographical Notices.

*Diseases of the Stomach and Duodenum.* By CHARLES EVANS REEVES, B.A., M.D., Sub-Graduate in Medicine of the University of London, and member of the Faculty of Physicians and Surgeons, Glasgow.

THE author of the work before us, in his introduction, says, "My object in writing the following pages has been to present to the world a comprehensive work on the Diseases of the Stomach and Duodenum," and the result shows evident marks of the persevering diligence with which he has applied himself to this task. The work throughout is mainly a compilation, and may be regarded as a fair synopsis of what has been written upon the subject. There are few traces of originality anywhere, and the author is deserving of commendation, perhaps, more for his industry than any other quality.

The work abounds in statistics, and facts presented in a tabular form, gathered from every quarter, making it of value for reference, but at the same time recommending it for a place on the book shelves rather than the physician's table, to be taken up at any moment. Illustrative cases are introduced, most of them from high authorities, and a copious index is appended. The work is a useful one in its way, but can hardly be said to add anything to the previously existing stock of knowledge.

A.

*The Physician's Visiting List for 1858.* Philadelphia: Lindsay & Blakiston.

THE publishers have sent us their *Annual*, bearing the above title. Its early issue is an indication of its success hitherto; and that it will continue to be a favorite, we have no doubt. It has become quite an essential visitor to hundreds—perhaps thousands—of medical pockets, and doubtless has enabled their owners to put more into those too often empty receptacles, by means of its reminders of "visits made, visits to be made, second visit to be made, consultation," &c. &c. It is a pity, by the way, that the printer has made the latter word, as given in the "Table of Signs," read "consulation," instead of consultation. With this exception, we believe the typography is correct—"to a T."

We observe that a column is added, at the right of each page, for the purpose of recording the *amount due* from patients at the end of

every week of attendance. These sums will stand opposite their respective names, and are readily posted. This is a decided improvement, and will be a great convenience to all who use the book.

Without desiring any increase of illness in the community, we still cherish the hope of making large entries in our new "*List*," before the end of the year 1858. As people are sure to be ailing, more or less, we merely set up our claim, and are glad of all facilities afforded us in registering applicants for our special services.

Our attention is again arrested by the pleasant statement renewed by the publishers in this edition, to wit,—that, "if specially ordered, copies will be prepared for one hundred patients"—per week, as we understand it. This would seem to imply that there actually have been such orders. There *are*, then, regions where this happens—or, perhaps, is a constant and usual thing. If we could, without impropriety, be informed *where*, we might be induced to emigrate thither without delay! "Where—O where is that radiant shore—Shall we not seek it," &c. &c.?

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 3, 1857.

### INSANE ASYLUM AT NORTHAMPTON—APPOINTMENT OF ITS PHYSICIAN.

WE learn, with great pleasure, the appointment of Dr. WM. HENRY PRINCE, of Salem, Mass., to the responsible post of Physician of this Institution. All who know Dr. Prince, will join us in our opinion that no wiser and more judicious choice could have been made. A close and discriminating student, for many years; a careful, prompt and most reliable practitioner, both of surgery and medicine; an amiable, and yet a most resolute man; of singular calmness in emergency, clear-minded, self-possessed and ready, we know of no one better suited to fill this important office. We feel sure of our man, and it is not alone the favorable personal prejudice which looks back to our pleasant student-days, a portion of which was spent in each others' company, which leads us to the strain of remark we have offered; we can, fortunately, appeal to the cool and extended observation of many wiser and older than ourselves, to endorse our opinions. We look with confidence to the result of this appointment; and anticipate for the noble structure which we lately looked upon with pride, a most successful future in relieving that worst of human miseries, "a mind diseased," under the kind, intelligent and faithful superintendence of the newly-elected physician.

We learn that a very large number of candidates presented testimonials of unusual weight in seeking this important office; and this only confirms our remarks in reference to the successful applicant, whilst the compliment thus paid to him is the more significant.

Since our last issue, in which we took occasion to refer to the refusal of the Legislature to prolong the functions of the Commissioners, as likely to prove a barrier to the opening of the buildings for occupa-

tion in January next, we are informed that the Commissioners hope to succeed in completing all necessary arrangements this autumn. Notwithstanding this, we adhere to our animadversion upon the short-sighted act of the Legislature.

It should be added, that the Trustees, in selecting the resident Physician, have most faithfully discharged their delicate and responsible duty. Ample time has been taken for the investigation of claims, and the most conscientious disposal made of them in pronouncing the decision. We can heartily congratulate both the incumbent and the community.

#### SUB-CUTANEOUS OSSEOUS TUMORS.

WE translate certain portions of a report by M. Adolphe Richard to the "*Société de Chirurgie*" of Paris, and which relates to the production of osseous matter in tumors reputed sebaceous. This report was made April 15th, 1857. The other members of the committee were MM. Huguier and Morel-Lavallée. The surgeon who presented the specimens to the notice of the Society, on the 15th of October, 1856, is M. Roux, of Brignolles; and he accompanied them with a paper entitled "*Observation de Tumeurs Sebacées.*" We are indebted to the *Gazette des Hôpitaux*, of the 25th of April, 1857, for this interesting account.

"The patient was a girl, 15 years of age, who had three tumors; one, developed in early infancy, at the time of the present observation extended from the zygomatic arch to the middle of the right cheek. It was flat and but slightly apparent. The second one was seated upon the nucha, between the occipital attachments of the trapezii muscles. The third was in the left temporal region. The latter two tumors appeared some time after the first—about the 8th year; and these were the ones extirpated by the surgeon, being the only ones giving rise to any deformity. These were described and presented to the Society at its session of October 15th, 1856.

Previous to the operation, the nipple-shaped inequalities which studded the surface of the tumors, their hard and even stony consistence, gave M. Roux the idea of something unusual; but after they were enucleated from the sub-cutaneous cellular tissue surrounding them, their singular aspect still more impressed him, and induced him to present them for histological examination.

It may be easily perceived, from an inspection of half of one of the tumors, now shown, that the mass is doubtless something presented to the observation of the members of this Society for the first time. Its form is irregularly rounded, its section presents a uniform surface, white, of an ivory aspect; in the other tumor it is more of the character of plaster, the consistence hard, stony, and precisely analogous to that of stucco; the surface very uneven, and resembling the mulberry. Such are its external characteristics."

The microscopic examination, conducted by M. Ch. Robin, decided the tumors to be of osseous nature. M. Richard remarks that "this is one of those cases in which the microscope only can enable us to give the disease a name."

The following is M. Robin's *résumé* of his examination:

"Thin sections of the tumor, taken from several different portions, have, throughout, shown the following structure:—

1. About seven or eight tenths of the mass are made up of osseous matter, which presents all the normal characteristics of bone; that is to say, a homogeneous, compact substance, sown with small, characteristic cavities, or lacunæ, bony corpuscles, &c., from whose periphery numerous very fine and delicate canaliculi go off, sometimes anastomosing with the neighboring lacunæ. The Haversian canaliculi, or vascular canals of the bony substance, are observed here and there, particularly near the surface; but these are rare in comparison with what is usually witnessed in the majority of osseous tumors, and are very few when compared with those existing in normal bones. The osseous substance is seen disposed in concentric layers around the canaliculi, as in ordinary bone; this arrangement, however, although recognizable, is less well-defined than in the healthy state.

2. The remainder of the mass consists of an amorphous material, as compact, but more granular than true bone, and a little striated. This substance is buried in the ossiform matter, in the form of veins, and similar to the sinuosities in marble, in its distribution; the bony portion being thus divided into small islands, of various shapes. This intervening matter, although closely adherent to the osseous portion, is distinctly separated from it on the level of its union with it. Externally, it presents, under the microscope, the characteristics of fibrous tumors of the uterus encrusted with calcareous deposit. The internal structure seems to be the same, for the homogeneous and striated matter, destitute of lacunæ, when treated with hydrochloric acid, gives off more gas than the bony portion, and leaves behind it a transparent plate, likewise somewhat striated."

The reporter pronounces the specimen sent by M. Roux to be very valuable, and that it is the first one of sub-cutaneous osseous tumors. "Possibly," he continues, "certain specimens of enchondroma, noticed just beneath the skin, should be considered as closely analogous. The two tissues have not only the same origin, but the same form, hardness, inequality of surface, and slow progress."

"It may be also remarked that morbid cartilaginous tissue manifests a tendency to develop itself in the superficial glands, as the parotid, the testis, the mamma: and possibly the seat of sub-cutaneous osseous tumors may be in the sebaceous glands, adjuncts as they are of the hair-follicles."

The Society voted to deposit M. Roux's memoir amongst their archives; and the author, having expressed a wish to become a corresponding member, was unanimously elected.

#### TREATMENT OF CANCER BY DILUTE SOLUTIONS OF CHLORIDE OF ZINC.

We notice in the *Medical Times and Gazette* for April 25th, a report of four cases of cancer treated at St. Bartholomew's Hospital, by Mr. Stanley, by the external application of a weak solution of Sir. W. Burnett's disinfecting fluid, which are of much interest. The application is almost entirely free from pain, and it is remarkable with what ease to the patient the destruction and enucleation of the foreign growths were effected, although when the disease was extensive the process required a considerable length of time. The first case was a tumor of the breast of fifteen months' standing. The centre of the tumor was ulcerated to the extent of about an inch, the edges of the sore being raised and everted, and the discharge sanious and foetid. The solution of the

chloride of zinc, with eight parts of distilled water, was applied, Nov. 22d, by means of pledgets of lint, six or eight times in the course of the day, and in a week a greyish slough covered the whole of the ulcerating surface, which was dry and free from fætor. A large mass of the slough came out, Dec. 21th, leaving a surface covered with healthy granulations. The application was continued until the whole diseased mass came away, and the exposed surface was "all but healed" on the 19th of March, when the patient was discharged.

In the next case, also one of carcinoma of the breast, of five years' duration, the skin covering the tumor was removed, after being made insensible by the application of ice and salt. The dilute solution was applied the next day, Feb. 23d. The disease sloughed out, leaving a healthy cicatrizing surface. By April 22d, the small sore which remained was perfectly healthy and fast healing. In another case of cancer of the breast, the treatment was exactly the same as in the preceding. In less than a month the disease was removed and the wound perfectly cicatrized, without any induration. The fourth case was that of a large and very painful cancerous ulceration in the groin, in a chimney-sweep, who had had a cancerous mass removed from the scrotum two years previously. A large portion of the cancerous structure sloughed away, but the ulcer was too deep and extensive to permit a cure to be obtained. The man left the hospital improved in health and quite relieved of his pain.

The application of this method is so simple that we hope to hear the results of its trial in this country.

#### INFANTILE WRONGS.

We remarked, at considerable length, on two different occasions, over a year ago, upon certain abuses chargeable to attendants upon children, and chiefly when the latter are taken out for air. That there is often great carelessness, not to mention occasional cruelty, to this class of non-resistants, is only too certain. The fact that babies are necessarily non-informers, as well as non-resistants, is taken advantage of more frequently than is comfortable for them, or creditable to their temporary guardians.

We need not particularize the risks incurred by the little excursionists, either over the Common or through the streets—because we have already done so—and the facts are often enough made evident to an observing eye. To be sure, we find people who do not believe them—who have smiled at our diatribes, and incline to let both nurses and children have it all their own way—as, in fact, they usually do. But this ignorance on the part of such easy persons, is because they do not take the pains to observe—they care more to be at their place of business promptly, and to nail each fugitive dollar to their own particular counter, than they do to scrutinize, with requisite care, the morals, physique, disposition and general habits of those who are so long and closely connected with their children, as are their nurses and attendants.

There is one thing, upon which we formerly animadverted, to which we would again briefly refer. It may be thought a trifling matter *which way* a child is made to progress, in its wagon, under the hands of its guardian—that is, whether the vehicle should be *drawn*, or *pushed*, along. We asserted, in our previous article on this subject, our thor-

ough conviction that the *former* is the *only proper* mode. This is not merely a caprice; an unnatural position and motion are given to a child, when pushed in its carriage, whether over pavement, turf or gravel. If this method be adopted with all the care possible, it is objectionable on the ground of the retrograde movement; but when, as we witnessed, two days since, it is carried out at a reckless pace, and with a disregard for obstacles worthy of an express train behind time, it becomes positively atrocious. The child we saw in the wagon thus propelled, was suddenly made, by being brought up against a curbstone, to project its head and shoulders forward, with a  *jerk* which must have been painful, judging from the grimace upon its countenance and the indications of a commencing shower of tears! The worthy abigail, however, kept on, at the same pace and in the same way, as though she were "used to it."

We were pleased to observe this pernicious practice condemned lately, in one of our daily papers, and we trust attention may be more fully directed to it. The convenience or whim of the servant is surely not to be weighed against even a slight discomfort to the child. We do not, however, recognize any great *convenience*, where such light burdens are concerned; where great weights are to be moved, it may often be an assistance to add the force of the body, and *push* them—but this plea, in the cases we are considering, would be simply absurd.

We again affirm that infants are often, if not always, made uncomfortable, perhaps even carriage-sick, by this *back-handed*, lazy way of getting them over the ground. If they *must* be pushed, let the carriage be built like a Bath chair, the attendant walking behind it.

#### LAWS REGULATING THE SALE OF POISONS.

We presume it will be long before our free and enlightened citizens will submit to the inconvenience of laws regulating the sale of arsenic and other poisons, however much the welfare of the community may demand them. We mean statutes requiring the dangerous substances to be sold only by licensed dealers, and in stated quantities, the name and address of the purchaser being registered, together with the alleged purpose for which the drug is to be used. The numerous instances of death by poisoning, accidental and with criminal intent, which are recorded in our daily papers, show the extreme importance of such laws for the safety of the public, and the late celebrated trial of Miss Madeleine Smith, at Edinburgh, is an instance of their advantage in establishing the innocence of a prisoner where appearances were strongly against her. It will be recollected that L'Angelier, the paramour of Miss Smith, died after having vomited copiously, and that on a *post-mortem* examination twenty-seven hours afterward, eighty-eight grains of arsenic were taken from his stomach. On three occasions previously, Miss Smith purchased arsenic of a druggist, as proved by the register: in one instance the drug was colored with soot, and in another with indigo. Yet neither of these coloring matters was detected on examination after death, though their presence was manifestly apparent in a dog made the subject of careful experiment.

In this connection, we quote from the *London Lancet* the following report of the Censors of the College of Physicians, dated June 25th, 1857, as containing certain hints worthy of universal attention:

"At the end of a year of visitation, the censors having inspected, as they believe, every shop in the city, have the satisfaction of reporting that improvement is gradually taking place in all the apothecaries' shops within their appointed district. In many instances they have had occasion to express their marked approbation, and have found much to commend in nearly all. The censors have especially directed their attention to the care taken of poisonous drugs, and the method of their sale. They again found occasion to commend many methodical attempts to indicate poisonous drugs, so as to avoid accidents in dispensing them. They consider, however, that the extension of sound chemical knowledge amongst the druggists and dispensers of medicines would be the most effective safeguard against accident; and, as regards the public, they consider that a wider knowledge of the nature of poisons and their effects, and the certainty of their detection when administered, would tend most effectually to restrain both the criminal and the careless use of them."

#### THE MICROSCOPE IN THE DIAGNOSIS OF CONSUMPTION.

It is well known that the attention of microscopists was long since directed to the investigation of the sputa in suspected phthisis, and that but little, if anything of a practical result was obtained, for a long time, at least, by the most competent observers. In the proceedings of the Harveian Society, published in the *London Lancet*, July 11, 1857, there is an interesting paper by Dr. Theophilus Thompson upon the use of the microscope in diagnosing tuberculous disease. After mentioning the formerly adverse evidence of Rainey, Addison and Bennett (the latter of whom, however, "has lately added his testimony to the value of the microscope" in these cases), Dr. Thompson refers to the experiments of Dr. Andrew Clark, and to his demonstrations at his lectures at Haslar, which enabled him to establish, as he believes, "the real microscopical indications of tubercular sputum."

Six cases are cited by Dr. Thompson, and these give both positive and negative evidence of the value of the wonderful instrument which has, of late years, done so much to advance pathological investigations. In one instance the decision of the microscope triumphed over "the gloomy prognostications which an accomplished auscultator had perseveringly maintained." In still another, "doubtful signs" were confirmed, and the diagnosis of "slight tubercular deposit, tending to restoration, was confirmed by the result."

The rapidity of progress of the disease, is, according to Dr. T., capable of being pretty accurately gauged by means of microscopic scrutiny.

We subjoin certain of Dr. Thompson's diagnostic deductions and data.

"When tubercular deposit is present in the pulmonary vesicles, there may be seen, contrasting with the usual epithelial cells, some which are dark, swollen, spherical; some more advanced, larger, and misshaped; others shrivelled or burst, and extruding nuclei, which nuclei, when enlarged, correspond with the 'tubercle corpuscles' of Lebert." \* \* \* \* \* "The general moleculo-granular appearance (to which his attention had been originally directed, and which he much regretted having erroneously figured in his 'Clinical Lectures') was not conclusive; the sputum which is really characteristic containing isolated masses of moleculo-granular material, and having interspersed corpuscles of various forms, overgrown or jagged, and setting free nuclei; the various proportions of pus, or fat, or blood, giving collateral indications of the amount of surrounding deterioration in the lungs; while amongst evidences of rapid progress might be specified the appearance of large and numerous areolar meshes, still retaining



their adhesion and elasticity. In chronic cases, portions of this tissue appear, inelastic, teased out, and broken down, in consequence of long imprisonment, whilst a diminished proportion of fat, and the appearance of cholesterine plates, and still more of earthy particles, were often indicative of a mode of restoration."

It is certainly desirable that further investigations, in this direction, should be made. Whatever can aid us in detecting the early presence of so formidable a foe, is of inestimable value. If the microscope can antedate the ear, we may hope to *steal a march* upon the adversary. At all events, with so many zealous cultivators of microscopy let no opportunities of this sort escape examination. We suggest the intervention of the "*Microscopical Department*" of the Boston Society of Natural History, as well as the careful attention of private histologists.

*Iodine in Rheumatic Nodosity of the Joints.*—M. Lasègue relates some interesting cases in which the employment of the tincture of iodine seemed to exert a most favorable influence in the nodosity of the joints which sometimes constitutes so distressing a sequence to chronic rheumatism. Dr. L. thinks its efficacy is far greater than that of the iodide of potassium. He always gives it at meals, in sweetened water, or better in wine, beginning with eight or ten drops twice daily, and gradually increasing to a drachm, or a drachm and a half. —*Archives Gén. de Méd.*, Sept. 1856, p. 300.

*Medical Examinations in New York.*—We refer our readers to the advertisement of Drs. Agnew, Bumstead and Nash, to be found in our present issue. The plan pursued by these gentlemen appears a most excellent one, and must be productive of good results, in the way of communicating practical knowledge in medicine and surgery.

From our personal knowledge of one of the teachers, Dr. Bumstead, we can all the more confidently express our opinion as to the excellence and success of the instruction; and we do not doubt the high qualifications of his associates.

If true clinical instruction, by active and competent men, were more in vogue everywhere in the United States, where material exists for it, we should see better instructed students, and the community would have more reliable medical aid, than is too frequently, now, the case.

*Health of the City.*—There is a marked diminution in the deaths from cholera infantum, there being but 28 this week to 39 of last. During the corresponding week of 1856, the fatality from cholera infantum was very nearly the same as in this, being 24. The total number of deaths in the corresponding weeks are also nearly equal; being, for 1856, 114, to 103 for the present year. The victims to that *standard disease*, consumption, are precisely the same in both years, namely, 15.

*Deaths in Boston* for the week ending Saturday noon, August 29th, 1857. Males, 61—Females, 42.—Accident, 1—Inflammation of the bowels, 1—Inflammation of the brain, 2—congestion of the brain, 1—cancer of the brain, 1—consumption, 15—convulsions, 4—cholera infantum, 28—dysentery, 5—diarrhoea, 1—dropsy, 1—dropsy in the head, 3—drowned, 1—debility, 2—infantile diseases, 5—typhoid fever, 2—scarlet fever, 5—Inflammation of the lungs, 5—marasmus, 4—measles, 1—palsy, 2—premature birth, 2—disease of the spine, 1—scrofula, 1—scurvy, 1—suicide, 1—teething, 4—thrush, 1—whooping cough, 2.  
Under 5 years, 66—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 80—Ireland, 11—other places, 12.

**Inoculating Cows for the Distemper.**—The following statement, made at a late meeting of the Brooklyn (N. Y.) Board of Health, by Alderman Schols, is almost too extraordinary for belief. A discussion arose on the subject of the nuisance created by distilleries and cow-stalls in that city, and Mr. S., after describing the amount of filth created by these establishments, observed that the keepers of the stables were in the habit of inoculating their cows during the prevalence of the distemper. He said, as stated in the N. Y. Times—"One of these cows may be milked in the morning, and the milk taken into the city and sold, and at noon the cow be dead. A great many head of cattle die in the course of a year. A cow drops down dead in her stall. She is immediately cut open. They die of a kind of consumption, and no lungs are found after death. The lungs are entirely rotted away, and in their place are lumps of black matter. This matter is taken from the dead cow, and with it the others—all that are new and fresh—are inoculated. The inoculation is performed in the tail, which is cut so that the black matter can be inserted. This is a process through which all the cows are made to go. Fresh cows, that have never been in such stables before, are inoculated as soon as they are brought in, before they can have a chance to die suddenly by distemper. As a consequence, the tails rot off. Hardly a cow is to be seen with a whole tail! The cows thus become thoroughly diseased. I have known a man to lose 40 cows in a year, who kept 25 at a time! As soon as a cow died it was replaced by another; and yet, in keeping only 25 cows, he lost 40 in a year!"

**Remedy for Sea-Sickness.**—Dr. W. P. Harris, surgeon of the Khersonese (English) Steamship, has made use of the following means to remove the nausea and distress of sea sickness. He allows the stomach, generally, to discharge itself once or twice, and then, if there is no organic disease, he gives five drops of chloroform in a little water, repeated, if necessary, in four or six hours. Conjoined with this, he recommends keeping the head somewhat lower than the rest of the body; applying sal volatile to the nostrils; rather strong brandy and water; keeping the patient on deck, if possible; with small quantities of food at a time.

**Ergot of Wheat as an Ecbolic.**—Prof. D. L. McGugin, of the University of Iowa, reports a case in the Iowa Medical Journal, in which the ergot of wheat was successfully used, after the ergot of rye had been found ineffectual in expelling the placenta.

**Iowa State Medical Society.**—The annual meeting of this Society took place at Iowa City on the 10th of June, and continued two days. The number in attendance was not large. Dr. Thomas Siveter was chosen President, and committees were appointed on various subjects.

**Foreign Honors to an American Surgeon.**—Dr. W. J. Holt, of Augusta, Ga., has just received, through the Russian minister to this country, the "decoration" of Commander of the Imperial Order of St. Stanislaus, in consideration of his services during the campaign in the Crimea. The cross is of massive gold, and beautifully wrought. Dr. Holt was appointed member of the Order of St. Anne, while still in the service of Russia; and this second compliment, now that he has left that service, testifies to the Czar's appreciation of the ability with which the surgeon's duties were discharged.—*N. A. Medico-Chir. Review.*

**Bellevue Hospital.**—The extensive enlargement of the buildings occupied by this charity is in rapid progress. For the present we learn that the lack of room for the inmates is sadly felt. Indeed all our public institutions are unusually full for the season. The Lunatic Asylum, on Blackwell's Island, is so filled that an additional building has been occupied. The Alms House buildings, too, are crowded.—*Am. (N. York) Med. Gaz.*

**Beef and Mutton in Dysentery.**—The *Gazette Hebdomadaire*, of July 10th, copies from an Italian journal the reports of several cases of dysentery successfully treated by means of raw, or very rare (*demi crude*) beef and mutton. The editor remarks that in 1845 a Russian, Dr. Weisse, advised the use of lean beef or mutton, cut into very small pieces, as a remedy in the chronic diarrhoea of infants. Dr. Pensa, of Alexandria, in Egypt, has published the full details of four cases which he successfully treated according to the above method.—*Western Lancet.*